



Cuyahoga County
Medical Examiner's Office
11001 Cedar Avenue, Cleveland, Ohio 44106
REPORT OF AUTOPSY

Thomas P. Gilson, M.D.
Medical Examiner

THE STATE OF OHIO,
SS.
CUYAHOGA COUNTY

CASE NUMBER: IN2014-01919

REPORT OF AUTOPSY OF: Tanisha N. Anderson
ADDRESS: 1372 Ansel Road, Cleveland, Ohio

I, Thomas P. Gilson, M.D., Medical Examiner of Cuyahoga County, Ohio, Certify that on the 14th day of November, 2014 at 9:10 AM in accordance with Section 313.13 of the Revised Code, of the State of Ohio, an autopsy was performed on the body of Tanisha N. Anderson.

The following is the report of autopsy to the best of my knowledge and belief. This person was a female, single, aged 37 years, of the Black race; had brown eyes, black hair, fair teeth, was 66 inches in height, weighing 251 pounds; a native of Cleveland, Ohio.

ANATOMIC DIAGNOSES:

- I. Sudden death associated with
 - A. Physical restraint with
 1. Abrasions of left forearm, left and right knees
 2. Contusions of left forearm, left thumb, left lower leg, and left back
 - B. Prone positioning
 - C. Ischemic heart disease with atherosclerotic cardiovascular disease
 1. Coronary atherosclerosis, moderate to severe
 - i. Left anterior descending coronary artery with 70-80% atheromatous stenosis
 - ii. Circumflex coronary artery with 50% atheromatous stenosis
 2. Mild to moderate myocyte hypertrophy
 3. Hypertension (Clinical)
 4. Arterionephrosclerosis, mild
 - D. Bipolar Disorder, Type 1 (Clinical)
 1. Recent hospital clinical evaluation with discharge (9/10/14-10/13/14)
 2. Agitation (by terminal history)
- II. Obesity (Body mass index 40.5)
- III. Diabetes Mellitus (Clinical)
- IV. Cholelithiasis, gallbladder
- V. Therapeutic procedures
 - A. Indwelling endotracheal tube, intraosseous needles, central intravascular line, and peripheral intravascular line
 - B. Electrocardiogram electrode pads
 - C. Patient identification band
 - D. Resuscitation chest compressions (Clinical) with cutaneous abrasion and sternal fracture

Cause of Death: Sudden death associated with physical restraint in a prone position in association with ischemic heart disease and Bipolar disorder with agitation.
HOMICIDE.

Other Condition(s): Obesity.

David Keay, M.D.

(Name of Pathologist)

D. J. Keay MD
Pathologist Signature

Tanisha N. Anderson

(Name of Deceased)

Tanisha N. Anderson, M.D.
Cuyahoga County Medical Examiner

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PLAINTIFF'S
EXHIBIT

2-25-16

Case: IN2014-01919
 Name: Tanisha N. Anderson

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GROSS ANATOMIC DESCRIPTION

EXTERNAL EXAMINATION: The body is that of a well-developed, well-nourished Black female, whose appearance is compatible with the reported age of 37 years. The body weighs 251 pounds and is 66 inches in length. The body is in full rigor mortis. Lividity is indeterminate. The skin temperature is cool.

The scalp hair is black curly and has a normal distribution. The conjunctivae are congested, the corneas are unremarkable, and the irides are brown. No petechial hemorrhages are present. The pupils are unremarkable. The earlobes are pierced bilaterally. The nose and mouth show no abnormalities. The teeth are natural and in fair condition. Remotely absent teeth are noted including a right lower incisor and right lower molar. The neck is of normal configuration, and there are no palpable masses. The thorax is symmetrical and normal in configuration. The breasts are of normal female configuration, and there are no palpable masses. The abdomen is protuberant. The external genitalia are of normal female conformation. Multiple vulvar and perianal condylomas are present. The extremities appear normal, and the joints are not deformed. All digits are present. The fingernails of the right and left hands have green and red nail polish. The soles of the feet appear dirty. Thick callouses are present at the soles of the feet. There is adherent blue substance at the right and left sides of the chest in the area of the breasts. The skin is of normal pliability and texture and presents no significant lesions. There is ill-defined irregular scarring of abdominal skin and skin of the upper back. There is no icterus.

SCARS AND IDENTIFYING MARKS:

1. Scar, large irregular and indurated involving right flank, right inguinal region, right perineum, and right buttock, 11" x 2".
2. Scar, right volar wrist, $\frac{1}{2}$ " in length.
3. Scar, right anterior knee, 1" x $\frac{1}{4}$ ".
4. Tattoo, right lateral shoulder, faded with unknown depiction.

EXTERNAL AND INTERNAL EVIDENCE OF RECENT THERAPY:

1. Indwelling endotracheal tube, present in trachea.
- a. Contusion, retroesophageal soft tissue, 1" x $\frac{1}{2}$ ".
2. Intraosseous needle, left shoulder
- a. Four needle puncture wounds with drying artifact, left shoulder.
3. Central intravascular line, left neck.
- a. Ecchymosis, soft tissue of left neck, 2 $\frac{1}{2}$ " x 1".
4. Intravascular line, right antecubital fossa.
5. Patient identification band, right wrist.
6. Electrocardiogram electrode pads (2), left flank and central chest.
7. Intra-osseous needle, right lower leg.

EXTERNAL AND INTERNAL EVIDENCE OF RECENT INJURY:

1. Red abrasions, posterior left forearm, proximal $\frac{1}{2}$ " x $\frac{1}{4}$ " and distal $\frac{1}{4}$ " x $\frac{1}{4}$ ".
2. Red abrasion and contusion, posterior left forearm/wrist, 1" x $\frac{3}{4}$ ".
- a. Soft tissue contusion.
3. Red abrasion and contusion, anterior left distal forearm/wrist, $\frac{3}{4}$ " x $\frac{1}{2}$ ".
- a. Soft tissue contusion.
4. Red-brown contusion, left thumb pad, $\frac{1}{4}$ " x $\frac{1}{4}$ ".
5. Red abrasion, left anterior knee, $\frac{1}{4}$ " x $\frac{1}{4}$ ".
6. Red abrasion, right superior/anterior knee, $\frac{1}{2}$ " x $\frac{1}{2}$ ".
7. Red abrasion, right inferior anterior knee, $\frac{1}{4}$ " x $\frac{1}{4}$ ".
8. Contusion of soft tissue, left lateral lower leg.
9. Contusion of soft tissue, left posterior shoulder, 1 $\frac{1}{2}$ " x $\frac{1}{2}$ ".
10. Rectangular area of skin discoloration with anterior red-gray border, left flank/chest, 4 $\frac{1}{2}$ " x 4".
11. Red abrasions, central chest, measuring over an area 3 $\frac{1}{2}$ " X 1".
- a. Contusion involving soft tissue of central chest, $\frac{1}{2}$ " x $\frac{1}{4}$ ".
- b. Fracture of sternum in the area of rib 3.

The above injuries, once having been described, will not be referred to below. The remainder of the external examination of the head, neck, trunk, and extremities is unremarkable.

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INTERNAL EXAMINATION: The body is opened by means of the usual "Y" and biparietal incisions. The viscera of the thoracic and abdominal cavities occupy their normal sites. The serosal surfaces are smooth and glistening. No fluids are present within the pericardial sac, right or left pleural cavities, or abdominal cavity. There are no abnormal masses present. The diaphragmatic leaves are normally situated. The margins of the liver and spleen are in proper relationship to their costal margins. The weights of the organs are as follows and, unless specified below, show no additional evidence of congenital or acquired disease.

Heart - 380 grams
Right lung - 680 grams
Left lung - 570 grams
Spleen - 170 grams
Liver - 2370 grams
Right kidney - 160 grams
Left kidney - 150 grams
Brain - 1120 grams

NECK: The neck organs are examined *in situ*. An anterior neck dissection is performed. Other than the ecchymosis associated with the left neck soft tissue in the area of the central intravascular line, there is no evidence of injury or hemorrhage identified. The neck organs are excised *en bloc* and examined separately. The surface of the tongue and serial cross sections through the tongue show no gross abnormalities. The larynx and trachea have a normal caliber and are free of obstruction. The laryngeal and tracheal mucosa is soft and tan. The paravertebral musculature is unremarkable. The cervical spine, hyoid bone, and tracheal cartilage are intact. A posterior neck dissection is performed and no areas of injury or hemorrhage are identified. No cervical spine fractures are identified.

CARDIOVASCULAR:

Heart: The heart is normal in configuration. The coronary arteries have a normal anatomic distribution. The left anterior descending coronary artery has focal severe atherosclerosis with a maximal stenosis of 70-80%. The circumflex artery has moderate atherosclerosis with a maximal stenosis of 50%. The right coronary artery has minimal atherosclerosis. No thrombi are identified. The epicardium is smooth and glistening. There is a normal amount of epicardial fat and its distribution is normal. The great vessels enter and leave the heart in a normal manner. The cardiac chambers have a normal configuration. The septa are intact, and there are no congenital abnormalities. The myocardium is of normal consistency and appearance. The left ventricle is 1.2 cm thick, septum 1.3 cm thick, and right ventricle 0.4 cm thick, respectively. The heart valves are thin, pliable, and delicate, and are free of deformity. Valve circumferences are as follows: tricuspid valve = 13 cm, pulmonic valve = 7 cm, mitral valve = 9.5 cm, and aortic valve = 7 cm.

Aorta and its major branches: The aorta and its principal branches are patent throughout. There are no thrombi, areas of erosion, or zones of significant narrowing present.

Venae cavae and their major tributaries: The superior and inferior venae cavae and their major tributaries are patent throughout. No areas of extrinsic or intrinsic stenosis are present.

RESPIRATORY: The major bronchi have a normal caliber and are free of obstruction. The right and left lungs have a normal lobar configuration. The visceral pleura is smooth and glistening and slightly mottled with black streaks. There are no subpleural emphysematous bullae. The pulmonary arteries are free of emboli and thrombi. There is moderate to marked pulmonary congestion and edema. The lungs are subcrepitant throughout. The parenchyma is unremarkable.

RETICULOENDOTHELIAL: The spleen has a normal configuration. The capsule is blue-gray and smooth, without areas of thickening. On section, the splenic pulp is of normal consistency and appearance. No abnormal lymph nodes are encountered.

DIGESTIVE: The esophagus is free of lesions. The stomach has a normal configuration. The serosa is smooth and glistening. The wall is of normal thickness and the mucosa is thrown into rugal folds. There are no areas of ulceration. The stomach contains approximately 90 ml of brown-gray fluid. The duodenum is free of ulceration and other intrinsic lesions. The remainder of the small bowel, the colon, and the rectum are normal in appearance. The appendix is present and is unremarkable.

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HEPATOBILIARY:

Liver: The capsule is smooth and glistening. The liver configuration is normal. Multiple cross sections through the liver reveal a normal lobular pattern and acute congestion.

Gallbladder: The gallbladder is of normal size and configuration. The wall is thin and the mucosa is bile-stained. The gallbladder is packed by multiple ovoid, yellow-green to black mixed gallstones. It contains approximately 2 ml of bile.

PANCREAS: The pancreas is firm and normally lobulated. Multiple cross sections through the pancreas reveal normal tan-pink parenchyma without intrinsic lesions.

GENITOURINARY SYSTEM:

Kidneys: The right and left kidneys are similar. The capsules strip with ease to reveal mildly granular subcapsular surfaces. The renal arteries and veins are patent and free of stenosing lesions. On section, the renal cortices are of normal thickness and the cortico-medullary demarcations are distinct. The medullae are unremarkable. The pelvo-calyceal systems are normal in appearance. The ureters are unremarkable.

Bladder: The bladder is of normal configuration. The mucosa is intact and free of ulcerations or other lesions. It contains approximately 15 ml of urine.

Gynecological system: The vaginal mucosa is smooth, tan, and free of lesions. The cervical os and cervical mucosa are unremarkable. The endometrial cavity is of normal configuration and the endometrium is tan-pink. The myometrium is normal. There are no parametrial lesions. The fallopian tubes are thin-walled, pliable, and free of lesions. The ovaries are symmetrical and unremarkable.

ENDOCRINE SYSTEM: No abnormalities are present in the pituitary, thyroid, or adrenal glands.

MUSCULOSKELETAL: The appendicular skeleton shows no abnormalities. The exposed musculature is unremarkable.

HEAD/BRAIN: The scalp shows no evidence of contusions or galeal hemorrhages. The skull is intact. The dura is smooth and glistening. The convexities of the cerebral hemispheres are symmetrical. The leptomeninges are thin and transparent. The subarachnoid space does not contain any hemorrhage. The cerebrum presents normal convolutions, with no flattening of the gyri or deepening or widening of the sulci. There is no evidence of subfalcial, uncal, or cerebellar tonsillar herniation present. The major cerebral arteries show no significant atherosclerosis or congenital anomalies. The roots of the cranial nerves are unremarkable. Serial coronal sections through the cerebral hemispheres show a grossly normal cortical ribbon and underlying white matter. The basal ganglia and diencephalon show no gross abnormalities. Serial cross sections through the brainstem and sagittal sections through the cerebellum fail to show any gross lesions or abnormalities. The ventricular system is symmetrical and of normal size and configuration. After removal of the brain, the base of the skull does not demonstrate any fractures.

SPINAL CORD: The spinal cord is smooth, white, and glistening, and serial cross sections through the spinal cord show no gross abnormalities.

Drs. Erica Armstrong and Thomas Gilson were present during the autopsy.

MICROSCOPIC DESCRIPTION

HEART:

Mild to moderate myocyte hypertrophy of left and right ventricles
Sections of the left anterior descending coronary artery shows severe atherosclerosis
Sections of the circumflex artery show calcific atherosclerosis

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LUNGS: Pulmonary congestion and edema
Increased intra-alveolar pigmented macrophages
Focal interstitial fibrosis with chronic inflammation and
pigment laden macrophages
Extracellular intra-alveolar bacterial colonies present
Patchy mild interstitial fibrosis and emphysematous
changes
Polarizable formalin pigment and rare intra-alveolar
extracellular polarizable foreign material

LIVER: Acute sinusoidal congestion
Occasional hyperlobated intrasinusoidal neutrophils
noted

KIDNEY: Autolysis
Mild fibrointimal hyperplasia and medial thickening of
small arteries

BRAIN: No significant pathologic abnormality

SOFT TISSUE OF
LEFT WRIST: Extravasation of blood into fibroadipose tissue

SOFT TISSUE OF
LEFT LEG: Extravasation of blood into fibroadipose tissue.

SOFT TISSUE OF
LEFT BACK/SHOULDER: Extravasation of blood into fibroadipose tissue

D. Keep, M.D.

Date

1/8/15



Cuyahoga County
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11001 Cedar Avenue, Cleveland, Ohio 44106
MEDICAL EXAMINER'S VERDICT

Thomas P. Gilson, M.D.
Medical Examiner

THE STATE OF OHIO,
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Be It Remembered, That on the 13th day of November, 2014 information was given to me, Thomas P. Gilson, M.D., Medical Examiner of said County, that the dead body of a woman supposed to have come to her death as the result of criminal or other violent means, or by casualty, or by suicide, or suddenly when in apparent health, or in any suspicious or unusual manner, (Sec. 313-11, 313-12 R.C. Ohio) had been found in Emergency Room, Cleveland Clinic in Cleveland of Cuyahoga County, on the 13th day of November, 2014.

I viewed or caused to be viewed the said body at the Medical Examiner's Office. After the viewing and making inquiry into the circumstances that caused the death of the said person, I obtained further information, to-wit: (CPD #2014-00359019) (CC #23195780). I also carefully examined or caused to be examined the said dead body at 8:30AM on the 14th day of November, 2014 and I find as follows: to wit:

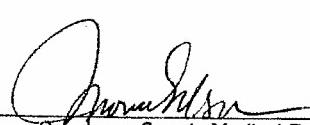
I, Thomas P. Gilson, M.D., Medical Examiner of said county, having diligently inquired, do true presentment make in what manner Tanisha N. Anderson, whose body was at the Medical Examiner's Office on the 14th day of November, 2014 came to her death. The said Tanisha N. Anderson was single, 37 years of age, a resident of Cleveland, Cuyahoga County, Ohio, and a native of Cleveland, Ohio; was of the Black race, and had brown eyes, black hair, — beard, — mustache, was 66 inches in height, and weighed 251 pounds.

Upon full inquiry based on all the known facts, I find that the said Tanisha N. Anderson came to her death officially on the 13th day of November, 2014 in Emergency Room, Cleveland Clinic and was officially pronounced dead at 12:30 A.M., by Dr. Roth. There is history that on the evening of November 12th, 2014, Cleveland Police and Paramedics responded to a call of concern regarding the said Tanisha N. Anderson, 1372 Ansel Road. While in vicinity of 1374 Ansel Road, a physical altercation ensued, and legal intervention followed. This woman apparently became ill and collapsed, and treatment was administered. The said Tanisha N. Anderson was then transported to Cleveland Clinic where she was admitted to the Emergency Room at 12:11 A.M., in full cardiopulmonary arrest. Advanced cardiac life support protocol and drug therapy were instituted, however, this woman failed to respond and was pronounced dead at the aforementioned time and date. The County Medical Examiner's Office was notified and Esposito Mortuary Services was dispatched. The said Tanisha N. Anderson was then transported to the Medical Examiner's Office where an autopsy was performed. That death in this case was the end result of sudden death associated with physical restraint in a prone position in association with ischemic heart disease and Bipolar disorder with agitation, with an other condition of obesity, and was homicidal in nature.

Cause of Death: Sudden death associated with physical restraint in a prone position in association with ischemic heart disease and Bipolar disorder with agitation.
HOMICIDE.

Other Condition(s): Obesity.

Tanisha N. Anderson
(Name of Deceased)


Thomas P. Gilson, M.D.
Cuyahoga County Medical Examiner